



Network Cluster 211

# RAFAEL CORDERO Y MOLINA INTERMEDIATE SCHOOL 302K

We make the Change, to make the right Choice, to meet the Challenge!

350 Linwood Street, Brooklyn, N.Y. 11208 + Phone (718) 647-9500 + Fax (718) 827-3294

Ms. Lisa Linder, Principal

Ms. Hermann, IA, Grade 6 + Mr. Moise, Grade 7 + Ms. Bryant, Grade 8, ASSISTANT PRINCIPALS

## SWIS STUDENT REFERRAL FORM

Student: \_\_\_\_\_ Referred By: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Staff Members Present: \_\_\_\_\_ Recorded ☐

LOCATION: (choose one)	STUDENT: (choose one)	BEHAVIOR (choose one)	PREVIOUS ACTIONS (choose all that apply)
<input type="checkbox"/> Cafeteria <input type="checkbox"/> Hallway <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Outside, dismissal or arrival <input type="checkbox"/> Bathroom <input type="checkbox"/> Media Center <input type="checkbox"/> Computer Lab <input type="checkbox"/> Gymnasium <input type="checkbox"/> Office <input type="checkbox"/> Bus <input type="checkbox"/> Other _____	<input type="checkbox"/> Was asked to do something <input type="checkbox"/> Resisted transition <input type="checkbox"/> Could not get desired item/activity <input type="checkbox"/> Was emotional or upset <input type="checkbox"/> Was provoked by another student <input type="checkbox"/> Other _____	<input type="checkbox"/> Abusive/inappropriate language <input type="checkbox"/> Fighting <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Intimidation <input type="checkbox"/> Student Threat <input type="checkbox"/> Disruption <input type="checkbox"/> Harassment/Discrimination <input type="checkbox"/> Property/damage (school) <input type="checkbox"/> Property damage (others) <input type="checkbox"/> Vandalism <input type="checkbox"/> Theft <input type="checkbox"/> Other _____	<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> Warning <input type="checkbox"/> Verbal redirection <input type="checkbox"/> Problem solving <input type="checkbox"/> Required to continue activity <input type="checkbox"/> Time-out in room (duration: _____) <input type="checkbox"/> Time out in another room (duration: _____) <input type="checkbox"/> Separation of students <input type="checkbox"/> Additional task/assignment given <input type="checkbox"/> Loss time on recess/activity <input type="checkbox"/> Loss access to items <input type="checkbox"/> Parent phone call <input type="checkbox"/> Parent conference <input type="checkbox"/> Attach any relevant Documentation Forms
OTHERS INVOLVED: <input type="checkbox"/> None <input type="checkbox"/> Peer <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	<input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain teacher attention <input type="checkbox"/> Obtain item/activity <input type="checkbox"/> Avoid work <input type="checkbox"/> Avoid peers <input type="checkbox"/> Avoid adult <input type="checkbox"/> Unclear/don't know		

### DESCRIPTION OF INCIDENT

(A) Antecedent \_\_\_\_\_

(B) Behavior \_\_\_\_\_

(C) Consequence \_\_\_\_\_

### ACTIONS TAKEN

Conference With:	Date	Referral to:	Student Assignment:	Behavior Interventions:	Administrative Actions:	Date(s)
Student <input type="checkbox"/> Parent <input type="checkbox"/> Unit Coordinator <input type="checkbox"/> Asst. Principal <input type="checkbox"/> Psychologist <input type="checkbox"/> Social Worker <input type="checkbox"/> Counselor <input type="checkbox"/> Pupil Personnel Member <input type="checkbox"/>		PPT <input type="checkbox"/> Guidance <input type="checkbox"/> Parent Coordinator <input type="checkbox"/> IEP Team <input type="checkbox"/> Community Agency <input type="checkbox"/> Peer Mediation <input type="checkbox"/> Conflict Resolution <input type="checkbox"/> Other <input type="checkbox"/>	Letter <input type="checkbox"/> Written summary <input type="checkbox"/> School assignment <input type="checkbox"/> Call parent/guardian <input type="checkbox"/>	Social Skills Booster Group <input type="checkbox"/> CCC (Check in Check Out) <input type="checkbox"/> CnC (Check and Connect) <input type="checkbox"/> Behavior Contract <input type="checkbox"/> Behavior Card <input type="checkbox"/> FBM/BIP <input type="checkbox"/> Environmental Modifications <input type="checkbox"/> Academic Modification <input type="checkbox"/> Other <input type="checkbox"/>	Warning <input type="checkbox"/> Letter of Probation <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Parent Conference <input type="checkbox"/> Student Threat Assessment <input type="checkbox"/> In-school Retention <input type="checkbox"/> Suspension <input type="checkbox"/> (bus, out-of-school) Time in Office <input type="checkbox"/> Other <input type="checkbox"/>	

### COMMENTS: